

STONINGTON DEPARTMENT OF POLICE SERVICES
173 South Broad Street, Pawcatuck, CT 06379 Phone: 860-599-4411 Fax: 860-599-7533

ALARM REGISTRATION FORM

DATE: _____

Name: _____

Address: _____
Number & Street City & State Zip Code

Phone: _____ Fax: _____ Other: _____

LOCATION: ☐ Commercial ☐ Industrial ☐ Office Complex ☐ Residential

ALARM TYPE (circle all that apply): Burglary Fire Robbery Audible Silent

Directions, Property Description and/or Landmarks: _____

Police are authorized to use forced entry if keyholder can not be reached and circumstances dictate. ☐ Yes ☐ No

EMERGENCY NUMBERS

NOTE: A Keyholder must respond to all activated alarms.

Keyholder #1: _____

Phones: Home _____ Work _____ Pager _____

Keyholder #2: _____

Phones: Home _____ Work _____ Pager _____

Keyholder #3: _____

Phones: Home _____ Work _____ Pager _____

Alarm Company/Installer: _____ Phone: _____
Include Area Code

Address: _____

Central Answering Service: _____ Phone: _____
Include Area Code

Address: _____

Special Circumstances (Hazards on property, Dogs, Guns, etc.): _____

Annual Fee (\$10.00) Payment: ☐ Cash ☐ Check # _____ payable to TOWN OF STONINGTON.
ALL ALARM USERS MUST COMPLY WITH THE TOWN OF STONINGTON, ALARMS
ORDINANCE, DATED JANUARY 13, 1993.

Police Official Signature

Alarm Owner Signature